

Service Name	OUTPATIENT FAMILY PSYCHOTHERAPY – ADULT, MENTAL HEALTH / CHILDREN, MENTAL HEALTH AND SUBSTANCE USE DISORDER
Setting	Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of therapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient family therapy is for the treatment of mental health and substance use disorders (youth only) through scheduled therapeutic visits between the therapist, the individual, and the nuclear or the extended family. The specific objective of treatment shall be to alter the family system to increase the functional level of the identified individual and family by focusing services/interventions on the systems within the family unit. This therapy is typically provided with the family members and the identified individual.
Service Expectations basic expectations for more detail see Title 471 chapters 20 and 32	<p>Specific to Mental Health Therapy:</p> <ul style="list-style-type: none"> • An initial diagnostic interview (IDI) will be completed prior to the beginning of treatment and will include an initial diagnosis and plan for treatment. • If another provider has completed an IDI, and it includes a current diagnosis and level of care recommendation and all information is still clinically relevant to the member's condition, it can serve as the admission assessment; otherwise, an IDI addendum would be warranted to update the previous assessment as necessary. • If there is a supervising practitioner involved, their involvement will be reflected in the IDI. <p>Specific to Youth SUD counseling</p> <ul style="list-style-type: none"> • A substance use disorder (SUD) assessment will be completed prior to the beginning of SUD treatment. • If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information than an SUD addendum would be necessary. • All individuals will be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC, and suspects a possible mental health condition, a referral will be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders. • If there is a supervising practitioner involved, their involvement will be reflected in the Substance Use Disorder assessment. <p>Required for Adult and Youth Therapy and Youth SUD services</p> <ul style="list-style-type: none"> • The family assessment is conducted at the onset of therapy. • The treatment plan will be individualized and will include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates and methods for evaluating the family's progress. • The treatment plan will be developed with the individual and the identified, appropriate family members as part of the outpatient family therapy treatment planning process. • Treatment plans will be reviewed every 90 days or more often if clinically indicated.

	<ul style="list-style-type: none"> • The treating clinician will consult with and/or refer to other providers for general medical, psychiatric, and psychological needs as indicated. • It is the provider's responsibility to coordinate with other treating professionals as needed. • After hours crisis assistance is to be available. • Services are to be trauma informed, culturally sensitive, age and developmentally appropriate, and incorporate evidence based practices when appropriate. • Assessments and treatment should address mental health/substance use needs, and mental health and/or emotional issues related to medical conditions. • All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. • There is documented active discharge planning. • All staff are to be educated/trained in recovery and trauma informed care. • Supervision of service as required by the practitioner's license. • Family therapy without the identified individual present is allowable when the therapy is clearly focused on the treatment related to them. Family therapy without the identified individual is not appropriate for treating other family members regarding their individual issues or for couples counseling. This service is intended to be used when having the identified member present is clinically contraindicated, and inclusive of a purposeful intervention identified in the treatment plan. Progress notes should reflect the focus on the session and the relevance to not having the identified member present.
Length of Service	<ul style="list-style-type: none"> • Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the individual's ability to benefit from treatment.
Staffing	<ul style="list-style-type: none"> • Physician • Physician Assistant • Advanced Practice Registered Nurse (APRN) • Licensed Psychologist • Provisionally Licensed Psychologist • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) <p>SUBSTANCE USE DISORDER SERVICES FOR CHILDREN (in addition to those listed above):</p> <ul style="list-style-type: none"> • Licensed Alcohol and Drug Abuse Counselor (LADC) • Provisionally Licensed Alcohol and Drug Counselor (PLADC)
Desired Individual Outcome	<ul style="list-style-type: none"> • The family has met their treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that the family can effectively function without professional external supports and interventions.

	<ul style="list-style-type: none"> • The family has support systems secured to help them maintain stability in the community.
Admission guidelines	<ul style="list-style-type: none"> • The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention. • There are significant symptoms, caused by the behavioral health/substance use disorder diagnosis, that interfere with the individual's ability to function in at least one life area. • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual. • There is an expectation that the individual has the capacity to make significant progress toward treatment goals to where services are no longer necessary. • Family therapy is required for reasons other than primarily for the convenience of the individual or the provider. • Family therapy is recommended through thorough assessments completed by licensed clinicians as medically necessary to achieve goals/objectives for treatment of a behavior health/substance use condition.
Continued stay guidelines	<ul style="list-style-type: none"> • The individual's condition continues to meet admission guidelines at this level of care. • The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. • Treatment planning is individualized and appropriate to the family's changing condition, with realistic and specific goals and objectives clearly stated. The treatment plan is revised as necessary to best meet the needs of the family and measure progress towards goals. • All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. • Progress in relation to specific dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.